

## Tennessee Board of Medical Examiners Development Committee Tuesday, July 27, 2020

## **MINUTES**

The Development Committee meeting of the Tennessee Board of Medical Examiners was called to order at 4:00 p.m. in the Poplar Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Melanie Blake, Committee Chair.

Committee members present: Melanie Blake, MD, Committee Chair

W. Reeves Johnson, MD Neal Beckford, MD Charles Handorf, MD Deborah Christiansen, MD

Mr. Robert Ellis, Consumer Member

Staff present: Rene Saunders, MD, Medical Consultant, BME

Angela Lawrence, BME Executive Director Francine Baca-Chavez, Deputy General Counsel

Ms. Lawrence made opening remarks to the Board and provided an overview of the requirements for a meeting by teleconference. All of the requirements were satisfied. The electronic meeting was scheduled for the purpose of considering time sensitive matters in light of the covid-19 pandemic in which the Center for Disease Control recommends limiting the number of attendees at meetings for the next eight weeks. The Board motioned and voted on approval to conduct the meeting for this purpose. The teleconference was then turned over to the Chair, Dr. Melanie Johnson.

Dr. Blake called the meeting to order and opened the discussion concerning the Re-entry Diagram. Dr. Johnson provided an overview of concerns following a meeting he had previously with Commissioner Piercy along with Ms. Valerie Nagoshiner. According to Dr. Johnson, Ms. Nagoshiner provided an explanation concerning the previous administrations pushback regarding re-entry during their meeting, which boiled down to inequality. Inequalities meaning all physicians are not treated fairly since re-entry only applies to applicants for initial and reinstatement applicants and not current physicians renewing a license having to prove clinical competency. Dr. Johnson also provided additional articles for the reference prior to the meeting. Ms. Lawrence provided information concerning the number of licenses issued as a result of the Governors Executive Order suspending the need to go through the re-entry process. Ms. Baca-Chavez provided information concerning the licensee property rights. Dr. Johnson also pointed out that the Commissioner Piercy is different from previous administration in thinking there is a

need for re-entry but maybe consider starting it at five (5) years instead of two (2) years. After a lengthy discussion the Committee determined the area of concern is the two (2) to five (5) period of being out of clinical practice. Administrative staff will provide the Committee with information based on the licensees that appeared before the Board previously including the new licenses issued by executive order. The Committee will poll these licensees who have completed the re-entry process and determine if they should re-evaluate and possibly make changes to the existing policy. The Committee came up with four (4) questions to use in the poll of the licensees.

Ms. Baca-Chavez opened the discussion of the Advisory Opinions to be discussed by the Committee. The first one from Dr. James Sizemore was deferred to the Development Committee from the May meeting. Dr. Sizemore requested to know if the Board would not issue discipline against the license for excluding the patients name on a prescribed naloxone vial. After discussion the Committee proposed the answer should be "no" so long as it is documented in the patient's medical record and that it is of good faith. The second Advisory Opinion from Dr. Dyer requested a ruling on first whether Botox injections for wrinkles, dermal fillers, microneedling, dermaplaning, chemical peels and microdermabrasion are considered medical services as that term is used in the Board's Policy Statement on the Delegation of Medical Services. Dr. Saunders reminded the Board of their Attorney Generals' opinion as well as the Med Spa Registration that may provide guidance during the discussion. After discussion the Committee voted to send the proposed response suggested as "yes" to the first part and to the second part to refer the requester back to the Delegation Policy as it speaks for itself in the delegation of medical services. The third Advisory Opinion from Dr. Sherfrey request was around the usage of amphetamines. There were additional materials submitted today and the Committee was not prepared to discuss the matter during this meeting. It was suggested by Dr. Blake that the additional materials be provided to the full Board to be discussed on the second meeting day if time permitted. It was also suggested that Dr. Miller be asked her insight on the matter as well. Ms. Lawrence asked the question as to how the Advisory Opinion process should be handled going forward with regard to how the process is outlined in the rules. Dr. Blake suggested that the process is within the outline of the rules. After discussion the Committee suggested that the Boards advisory attorney and the Boards consultant develop a few bullet points in regards to a possible response to the request. Then, that information and request will be brought before the Development Committee to fully consider and discuss and present a draft response to the full Board to be voted on.

The final agenda item concerning licensure of Canadian applicant was presented to the Committee by Dr. Saunders. Dr. Saunders provided a diagram showing a side by side comparison of the rules for a Canadian medical school graduate verses an international medical school graduate and the conundrum the requirements present. Ms. Baca-Chavez pointed out the difference in the statue. After discussion the Committee voted on a rule changes that ABMS Certification or four (4) years RSCPS be accepted as a qualification for Canadian medical school graduates.

The meeting adjourned at 6:54 p.m.